

#### UNITED STATES PATENT AND TRADEMARK OFFICE

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## NOTICE OF ALLOWANCE AND FEE(S) DUE

30377

7590

09/23/2005

DAVID TOREN, ESQ. ABELMAN FRAYNE & SCHWAB 666 THIRD AVENUE NEW YORK, NY 10017-5621 EXAMINER

LUGO, CARLOS

ART UNIT PAPER NUMBER

3676
DATE MAILED: 09/23/2005

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/814,229      | 03/21/2001  | Roland Lippoldt      | DT-3841             | 2010             |

TITLE OF INVENTION: LOCKING DEVICE OF A CLOSURE WITH A HOUSING

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1400    | \$300           | \$1700           | 12/23/2005 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B - Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

|                                                                                                                                                                                      |                                                                                                                                                                                   |                                                                                                   | or Fax                                                                                                                                                                                    | Alexandria, Virg<br>(571) 273-2885                                                                                                                                                                                                                                                                                                                      | ginia 22313-1450                                                                                                                                          |                                                                                                                                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| INSTRUCTIONS: This for appropriate. All further comindicated unless corrected by maintenance fee notification                                                                        | elow or directed otherwise                                                                                                                                                        | smitting the ISSU<br>Patent, advance ord<br>in Block I, by (a)                                    | E FEE and PUBLIC                                                                                                                                                                          | CATION FEE (if requ<br>of maintenance fees                                                                                                                                                                                                                                                                                                              | ired). Blocks 1 through 5 swill be mailed to the current; and/or (b) indicating a sep-                                                                    | should be completed where<br>correspondence address as<br>arate "FEE ADDRESS" for                                                                     |  |
|                                                                                                                                                                                      | E ADDRESS (Note: Use Block 1 for                                                                                                                                                  | any change of address)                                                                            |                                                                                                                                                                                           | Note: A certificate of                                                                                                                                                                                                                                                                                                                                  | mailing can only be used f                                                                                                                                | or domestic mailings of the                                                                                                                           |  |
| 30377 7590 09/23/2005                                                                                                                                                                |                                                                                                                                                                                   |                                                                                                   |                                                                                                                                                                                           | Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                                                                                                        |                                                                                                                                                           |                                                                                                                                                       |  |
| DAVID TOREN, ESQ. ABELMAN FRAYNE & SCHWAB 666 THIRD AVENUE NEW YORK, NY 10017-5621                                                                                                   |                                                                                                                                                                                   |                                                                                                   |                                                                                                                                                                                           | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                                                                                                                           |                                                                                                                                                       |  |
| NEW TORK, NT                                                                                                                                                                         | 10017-3021                                                                                                                                                                        |                                                                                                   |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                           | (Depositor's name)                                                                                                                                    |  |
|                                                                                                                                                                                      |                                                                                                                                                                                   |                                                                                                   |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                           | (Signature)                                                                                                                                           |  |
|                                                                                                                                                                                      |                                                                                                                                                                                   |                                                                                                   |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                         | <del></del>                                                                                                                                               | (Date)                                                                                                                                                |  |
| APPLICATION NO.                                                                                                                                                                      | FILING DATE                                                                                                                                                                       | I                                                                                                 | FIRST NAMED INVEN                                                                                                                                                                         | TOR                                                                                                                                                                                                                                                                                                                                                     | ATTORNEY DOCKET NO.                                                                                                                                       | CONFIRMATION NO.                                                                                                                                      |  |
| 09/814,229                                                                                                                                                                           | 03/21/2001                                                                                                                                                                        |                                                                                                   | Roland Lippoldt                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                         | DT-3841                                                                                                                                                   | 2010                                                                                                                                                  |  |
| TITLE OF INVENTION: LO                                                                                                                                                               | DEVICE OF A CL                                                                                                                                                                    | SOSORE WITH A                                                                                     | HOUSING                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                           |                                                                                                                                                       |  |
| APPLN. TYPE                                                                                                                                                                          | SMALL ENTITY                                                                                                                                                                      | ISSUE FE                                                                                          |                                                                                                                                                                                           | JBLICATION FEE                                                                                                                                                                                                                                                                                                                                          | TOTAL FEE(S) DUE                                                                                                                                          | DATE DUE                                                                                                                                              |  |
| nonprovisional                                                                                                                                                                       | NO                                                                                                                                                                                | \$1400                                                                                            |                                                                                                                                                                                           | \$300                                                                                                                                                                                                                                                                                                                                                   | \$1700                                                                                                                                                    | 12/23/2005                                                                                                                                            |  |
| EXAM                                                                                                                                                                                 | INER                                                                                                                                                                              | ART UNI                                                                                           | T CI                                                                                                                                                                                      | ASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                            | ]                                                                                                                                                         | •                                                                                                                                                     |  |
| LUGO, CARLOS                                                                                                                                                                         |                                                                                                                                                                                   |                                                                                                   | 292-201000                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                           |                                                                                                                                                       |  |
| "Fee Address" indicat PTO/SB/47; Rev 03-02 o Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless                                                                           | ence address (or Change of a 2) attached.  ion (or "Fee Address" Indicate more recent) attached. Use  RESIDENCE DATA TO B an assignee is identified be 37 CFR 3.11. Completion of | Correspondence  ation form  of a Customer  E PRINTED ON T  clow, no assignee cof this form is NOT | (1) the names of a or agents OR, alter (2) the name of a registered attorney 2 registered patent listed, no name with HE PATENT (print of data will appear on the a substitute for filing | single firm (having as a ror agent) and the nam attorneys or agents. If ll be printed.  or type)  he patent. If an assign                                                                                                                                                                                                                               | a member a 2 as of up to no name is 3  nee is identified below, the o                                                                                     | document has been filed for                                                                                                                           |  |
|                                                                                                                                                                                      |                                                                                                                                                                                   |                                                                                                   |                                                                                                                                                                                           | ☐ Individual ☐ C                                                                                                                                                                                                                                                                                                                                        | orporation or other private gr                                                                                                                            | oup entity Government                                                                                                                                 |  |
|                                                                                                                                                                                      |                                                                                                                                                                                   |                                                                                                   | Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                           |                                                                                                                                                       |  |
| ☐ Publication Fee (No small entity discount permitted)                                                                                                                               |                                                                                                                                                                                   |                                                                                                   | Payment by credit card. Form PTO-2038 is attached.                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                           |                                                                                                                                                       |  |
| Advance Order - # of Copies                                                                                                                                                          |                                                                                                                                                                                   |                                                                                                   | The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).                               |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                           |                                                                                                                                                       |  |
| 5. Change in Entity Status                                                                                                                                                           | (from status indicated above                                                                                                                                                      | )                                                                                                 | _                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                         | LL ENTITY status. See 37 C                                                                                                                                |                                                                                                                                                       |  |
| The Director of the USPTO in NOTE: The Issue Fee and Printerest as shown by the reco                                                                                                 | s requested to apply the Issu<br>ablication Fee (if required) wards of the United States Pate                                                                                     | e Fee and Publicativill not be accepted and Trademark                                             | ion Fee (if any) or to<br>from anyone other the<br>Office.                                                                                                                                | re-apply any previous<br>nan the applicant; a reg                                                                                                                                                                                                                                                                                                       | y paid issue fee to the applicated attorney or agent; or t                                                                                                | ation identified above.<br>he assignee or other party in                                                                                              |  |
| Authorized Signature                                                                                                                                                                 |                                                                                                                                                                                   |                                                                                                   |                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                           |                                                                                                                                                       |  |
| Typed or printed name                                                                                                                                                                |                                                                                                                                                                                   |                                                                                                   | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                         | No                                                                                                                                                        |                                                                                                                                                       |  |
| This collection of information an application. Confidentialisubmitting the completed apthis form and/or suggestions Box 1450, Alexandria, Virginia 22313-Alexandria. Virginia 22313- | n is required by 37 CFR 1.3 by is governed by 35 U.S.C. plication form to the USPT for reducing this burden, sh nia 22313-1450. DO NOT 1450.                                      | 11. The information 122 and 37 CFR I O. Time will vary ould be sent to the SEND FEES OR C         | n is required to obtain<br>.14. This collection is<br>depending upon the<br>Chief Information C<br>OMPLETED FORM                                                                          | or retain a benefit by<br>s estimated to take 12<br>individual case. Any cofficer, U.S. Patent and<br>S TO THIS ADDRES                                                                                                                                                                                                                                  | the public which is to file (an<br>minutes to complete, includion<br>mments on the amount of ti<br>Trademark Office, U.S. Dep<br>S. SEND TO: Commissioner | d by the USPTO to process)<br>ng gathering, preparing, and<br>me you require to complete<br>partment of Commerce, P.O.<br>for Patents, P.O. Box 1450, |  |

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| 30377                                        | 7590 09/23/2005 |                      | EXAMINER                |                  |  |
| DAVID TOREN, ESQ.<br>ABELMAN FRAYNE & SCHWAB |                 |                      | LUGO, CARLOS            |                  |  |
| 666 THIRD AV                                 |                 |                      | ART UNIT                | PAPER NUMBER     |  |
| NEW YORK, NY 10017-5621                      |                 |                      | 3676                    |                  |  |
|                                              |                 |                      | DATE MAILED: 00/23/2005 |                  |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571) 272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.